

|   |  |   |  |
|---|--|---|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications<br>under 37 CFR 1.53(b))   |  | Attorney Docket No. <b>9419</b>   |  |
|   |  | First Inventor <b>Nanda Christine Almond</b>  |  |
|   |  | Assignee <b>The Procter &amp; Gamble Company</b>  |  |
|   |  | Title <b>Substantially Serpentine Shaped Tampon with Varying Density Regions</b>  |  |
|   |  | Express Mail Label No. <b>Eu468915966US</b>   |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.   |  | <b>Mail Stop Patent Application</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)<br>2. <input checked="" type="checkbox"/> Specification Total Pages [25]<br>(preferred arrangement set forth below)<br>- Descriptive Title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R&D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [6]<br>4. Oath or Declaration Total pages <input type="checkbox"/><br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br>(for continuation/divisional with Box 17 complete)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTORS</b><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).<br>5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76 |  | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)<br>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies   |  |
|   |  | <b>ACCOMPANYING APPLICATION PARTS</b><br>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)<br>10. <input type="checkbox"/> English Translation Document (if applicable)<br>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations<br>12. <input type="checkbox"/> Preliminary Amendment<br>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>16. <input type="checkbox"/> Other: ..... |  |
| 17. If a <b>CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>/</u><br>Prior application information: Examiner: _____ Art Unit: _____<br><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.   |  |   |  |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |   |  |
| <input checked="" type="checkbox"/> Customer Number   |  | (Insert Customer No. here)<br><b>27752</b>  |  |

|                   |                          |                                   |         |
|-------------------|--------------------------|-----------------------------------|---------|
| Name (Print/Type) | Ingrid N. Hickman        | Registration No. (Attorney/Agent) | 46,770  |
| Signature         | <i>Ingrid N. Hickman</i> | Date                              | 11/4/03 |

+ This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO  
 10/700776  
 110403



|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2004</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                          |
|   | Application Number       | To Be Assigned           |
|   | Confirmation Number      | To Be Assigned           |
|   | Filing Date              | November 4, 2003         |
|   | First Named Inventor     | Nanda Christine Almond   |
|   | Examiner Name            | To Be Assigned           |
|   | Art Unit                 | To Be Assigned           |
| TOTAL AMOUNT OF PAYMENT (\$770.00)  |                          | Attorney Docket No. 9419 |

| <b>METHOD OF PAYMENT</b>  |   | <b>FEE CALCULATION (continued)</b>  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|---|---|--------------------------|----------|----------|--------------------|----------|----------|-------------------|-----------------------------------|--------------------------|--------------------|--------------------------|--|--------------------------|--------------------------|--------------|---------------------------|--------------------------|---|-------|--|--------------------------|----------------|----------|--|--------------------------|----------------------------|--------|---|--------------------------|----------------------------|-------|--|--------------------------|--------------------------|-------|--|--------------------------|----------|---------|--|--------------------------|---------|-----------------------------------|--|--------------------------|---------------------------------------|-------|--|---|------|---------|---|--------------------------|--------------|-----|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company   |   | 3. ADDITIONAL FEES<br><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |                          | Code     | (\$)     | Fee Description    | Fee Paid | 1051     | 130               | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052               | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053                     | 130          | Non-English specification | <input type="checkbox"/> | 1812  | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804           | 920*     | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805                       | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251                       | 110   | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252                     | 420   | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253     | 950     | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254    | 1,480                             | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255                                  | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/>                          | 1401 | 330     | Notice of Appeal  | <input type="checkbox"/> | 1402         | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)  | Fee Description   | Fee Paid                 |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130   | Surcharge-late filing fee or oath   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50  | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130   | Non-English specification   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520   | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*  | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*  | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110   | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 420   | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 950   | Extension for reply within 3 <sup>rd</sup> month  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,480   | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 2,010   | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 330   | Notice of Appeal  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 330   | Filing a brief in support of an appeal  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 290   | Request for oral hearing  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510   | Petition to institute a public use proceeding   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110   | Petition to revive - unavoidable  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,330   | Petition to revive - unintentional  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,330   | Utility issue fee (or reissue)  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 480   | Design issue fee  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130   | Petitions to the Commissioner   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50  | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180   | Submission of Information Disclosure Statement  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 770   | Filing a submission after final rejection (37 CFR § 1.129(a))   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 770   | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 770   | Request for Continued Examination (RCE)   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900   | Request for expedited examination of a design application   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1330  | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |   |   | <input type="checkbox"/> |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br><br>1. BASIC FILING FEE – Large Entity<br><br><table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001 770</td><td>Utility filing fee</td><td>[770]</td></tr> <tr><td>1002 340</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004 770</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005 160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)[770]</td></tr> </tbody> </table> |   | Code (\$)   | Fee Description          | Fee Paid | 1001 770 | Utility filing fee | [770]    | 1002 340 | Design filing fee | <input type="checkbox"/>          | 1004 770                 | Reissue filing fee | <input type="checkbox"/> | 1005 160   | Provisional filing fee   | <input type="checkbox"/> | SUBTOTAL (1) |                           | (\$)[770]                | 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity<br><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>[16] - 20** =</td><td><input type="checkbox"/> x</td><td>= [0]</td></tr> <tr><td>Independent Claims</td><td>[1] - 3** =</td><td><input type="checkbox"/> x</td><td>= [0]</td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td>= [0]</td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202 18</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201 86</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203 290</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204 86</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205 18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td><td></td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>(\$)[0]</td></tr> </tbody> </table> |       |  | Extra Claims             | Fee from Below | Fee Paid | Total Claims   | [16] - 20** =            | <input type="checkbox"/> x | = [0]  | Independent Claims                                    | [1] - 3** =              | <input type="checkbox"/> x | = [0] | Multiple Dependent                               |                          | <input type="checkbox"/> | = [0] | Code (\$)  | Fee Description          | Fee Paid | 1202 18 | Claims in excess of 20                           |                          | 1201 86 | Independent claims in excess of 3 |  | 1203 290                 | Multiple dependent claim, if not paid |       | 1204 86  | **Reissue independent claims over original patent |      | 1205 18 | **Reissue claims in excess of 20 & over original patent |                          | SUBTOTAL (2) |     | (\$)[0]                                |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code (\$)   | Fee Description   | Fee Paid  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001 770  | Utility filing fee                                      | [770]   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002 340  | Design filing fee                                       | <input type="checkbox"/>  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004 770  | Reissue filing fee                                      | <input type="checkbox"/>  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005 160  | Provisional filing fee                                  | <input type="checkbox"/>  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| SUBTOTAL (1)  |   | (\$)[770]   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Extra Claims  | Fee from Below  | Fee Paid                 |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | [16] - 20** =   | <input type="checkbox"/> x  | = [0]                    |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | [1] - 3** =   | <input type="checkbox"/> x  | = [0]                    |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |   | <input type="checkbox"/>  | = [0]                    |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code (\$)   | Fee Description   | Fee Paid  |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202 18   | Claims in excess of 20                                  |   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201 86   | Independent claims in excess of 3                       |   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203 290  | Multiple dependent claim, if not paid                   |   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204 86   | **Reissue independent claims over original patent       |   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205 18   | **Reissue claims in excess of 20 & over original patent |   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| SUBTOTAL (2)  |   | (\$)[0]   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   |   | * Reduced by Basic Filing Fee Paid<br>SUBTOTAL(3) (\$)[ ]   |                          |          |          |                    |          |          |                   |                                   |                          |                    |                          |  |                          |                          |              |                           |                          |   |       |  |                          |                |          |  |                          |                            |        |   |                          |                            |       |  |                          |                          |       |  |                          |          |         |  |                          |         |                                   |  |                          |                                       |       |  |   |      |         |   |                          |              |     |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |                          |                                   |                |
|---------------------|--------------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                          | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Ingrid N. Hickman        | Registration No. (Attorney/Agent) | 46,770         |
| Signature           | <i>Ingrid N. Hickman</i> | Telephone                         | (513) 634-5395 |
|                     |                          | Date                              | 11/4/03        |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.